## 740-NP

42A740-NP Department of Revenue

Attach Form W-2(s), Other Supporting Statement(s) and Payment Here—Staple to Top Page Only

## Check if return is: Amended (Attach copy of original return.)

Add lines 26 and 27. Enter here and on page 2, line 29.....



## **KENTUCKY INDIVIDUAL INCOMETAX RETURN**



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28

For calendar ye	ar or other taxable year begini	ning, 2011, and ending, 20_	Ivonres	ident or Part-Year	nesiaent		. =
A. Spous	e's Social Security Number	B. Your Social Security Number					
	1 1 1 1	1 1					
Name—Last, Fir	st, Middle Initial (Joint or combined	d return, give both names and initials.)					
Mailing Address	(Number and Street including Apa	rtment Number or P.O. Box)					
City, Town or Po	st Office	State ZIP Code					
	T			POLITICAL	L PARTY FUN	 1D	
FILING STATUS (see instructions)		int return. parate returns. Enter spouse's Social Sec nd full name here.	urity D	emocratic	hange your re  A. Spouse  (1)	<b>B. Your</b> (4)	
,			<b>I</b>	o Designation	(3)	(6)	
RESIDENCY STATUS (check one box)	5 Part-year reside  Moved into Ken  Moved out of Ke  Full-year resider		tate moved from tate moved to	f residence as of De		wv w	
🗢 сомры	ETE SECTIONS A, B, C AN	D D ON PAGES 2 THROUGH 4 BEFORE CO	OMPLETING LINE	S 7THROUGH 30.	OFFICI 1 2	AL USE ONL	Y 5
INCOME/TAX							
		36		%	_		
		Column A. This is your Federal Adjusted (					00
		Column B. This is your <b>Kentucky Adjuster</b>					00
		prorate). Skip lines 11 and 12					00
		s from Kentucky Schedule A, Form 740-N		00	-		
		on line 7		00			
13 Subtract	line 10 or 12 from line 9. T	his is your <b>Taxable Income</b>		13			00
							00
		A, line 21					00
							00
•		ts from page 3, Section B, line 4		00	-		
' '	, , ,	on line 7		00			00
		A-A-1 f: h: f f f f f			4 🗆 0 [		00
	. ,	total family size (see instructions for line	,		1 2 [	3 🗌	4 🗆
		Tax Credit decimal amount (					00
		<b>lit</b> from Form 8863-K					00
		ait from Form 8863-K					00
							00
	-	edit from worksheet in the instructions 5 from line 24. If line 25 is larger than line					00
		o Internet, mail order, or other out-of-state					00
LILLEI VE	INTO CICL OUSE TAX UNE OF	i internet, man bruer, di biller but-di-State	Parciases (566 II	13tiuutiuii3] • 4/	1		100



RE	FUND/TAX PAYMENT SUMMARY		
29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b>	• 29	00
30	(a) Enter Kentucky income tax withheld as shown on attached		
	2011 Form W-2(s) and other supporting statements • 30(a)	00	
	(b) Enter 2011 Kentucky estimated tax payments • 30(b)	00	
	(c) Enter 2011 refundable certified rehabilitation credit (KRS 141.382(1)(b)) • 30(c)	00	
	(d) Enter 2011 film industry tax credit (KRS 141.383)	00	
01	(e) Enter Nonresident Withholding from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1)) • 30(e)	00	00
	Add lines 30(a) through 30(e)	• 31	00
	nd Contributions; See instructions.	32 cked)	00
	Nature and Wildlife Fund              □ \$10 □ \$25 □ \$50 □ Other               □ 33 □	00	
	Child Victims' Trust Fund	00	
	Veterans' Program Trust Fund	00	
	Breast Cancer Research/Education Trust Fund \$10 \$25 \$50 Other • 36	00	
37	Add lines 33 through 36	37	00
	Amount of line 32 to be CREDITED TO YOUR 2012 ESTIMATED TAX	• 38	00
	Subtract lines 37 and 38 from line 32. Amount to be <b>REFUNDED TO YOU</b>	• 39	00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	• 40	00
41	(a) Estimated tax penalty and/or interest.   Check if Form 2210-K attached 41(a)	00	
	(b) Interest	00	
	(c) Late payment penalty	00	
	(d) Late filing penalty	00	
42	Add lines 41(a) through 41(d). Enter here	• 42	00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	43	00
	• Make check payable to <b>Kentucky State Treasurer</b> or visit <b>www.revenue.ky.gov</b> for more options.		OFFICIAL USE ONLY
	• Write your Social Security number and "KY IncomeTax—2011" on the check.	L	PWR
SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS	Ī	
1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	00
2	Enter Kentucky small business investment credit	2	00
3	Enter skills training investment credit (attach copy(ies) of certification)	3	00
	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	00
	Enter credit for tax paid to another state (attach copy of other state's return(s))	5	00
	Enter unemployment credit (attach Schedule UTC)	6	00
	Enter recycling and/or composting equipment credit (attach Schedule RC)	7	00
	Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	8	00
9		9	00
	Enter qualified research facility credit (attach Schedule QR)	10	00
11	Enter GED incentive credit (attach Form DAEL-31)	11	00
	Enter voluntary environmental remediation credit (attach Schedule VERB)	12	00
	Enter biodiesel and renewable diesel credit	13	00
	Enter environmental stewardship credit	14	00
	Enter clean coal incentive credit		00
		15	
	Enter ethanol credit (attach Schedule ETH)	16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL)	17	00
	Enter energy efficiency products credit (attach Form 5695-K)	18	00



	OTHER TAX CRE	Dirio (continuea)					
9 Enter railroad maintenance and improv					ŀ		00
O Enter Endow Kentucky credit (attach Sc					ı		00
1 Add lines 1 through 20. Enter here and	on page 1, line	15			21		00
SECTION B-PERSONALTAX CREDITS	Check Regular	Check both if 65	or over Ch	eck both if blind			
1 (a) Credits for yourself:			]			r number of	
(b) Credits for spouse:			]			s checked ne 1	
2 Dependents:						r number of	
			Dependent's	Check if qualifying	¬ '	endents who:	
First name Last name	Sc	Dependent's ocial Security number	relationship to you	child for family size tax credit	• live	ed with you	
		1 1				I not live with you	
		1 1					
		1 1			• oth	er dependents.	
		I I					
Multiply credits on line 3 by \$20. Enter	here and <b>on pa</b>	ge 1, line 17					1
SECTION C—FAMILY SIZE TAX CREDIT (Lis	et the name and	Social Security num					idents in
SECTION C—FAMILY SIZE TAX CREDIT (Lissection B.)	et the name and	Social Security num	mber of qualifyi	ing children that		med as deper	idents in
SECTION C—FAMILY SIZE TAX CREDIT (Lissection B.)	et the name and	Social Security num	mber of qualifyi	ing children that		med as deper	idents in
SECTION C—FAMILY SIZE TAX CREDIT (List Section B.)  irst name Last name  A copy of pages 1 and 2 of your feder the undersigned, declare under penalties to the best of my knowledge and belief, it is the provisions of Regulation 103 KAR 17:020	Social Service and	Social Security num  curity number Firs  // // // // // // // // // // // // /	nber of qualifying the strains and the strains are strains and the strains are strains and the strains are strains	Last name  Last name  ules must be att  ding all accompa agree that our el	are not clai	Social Secur	ity number  in the state of the
SECTION C—FAMILY SIZE TAX CREDIT (List Section B.)  irst name  Last name  A copy of pages 1 and 2 of your feder the undersigned, declare under penalties of the best of my knowledge and belief, it is the provisions of Regulation 103 KAR 17:02 for all taxes accruing under this return.	st the name and  Social Serval income tax  s of perjury that is true, correct and owill result in result i	Social Security num  curity number Firs  // // // // // // // // // // // // /	nber of qualifying the strains and the strains are strains and the strains are strains and the strains are strains	Last name  Last name  ules must be att  ding all accompa agree that our el	are not clai	Social Secur	ndents in  ity number
SECTION C—FAMILY SIZE TAX CREDIT (List Section B.)  irst name Last name  A copy of pages 1 and 2 of your feder the undersigned, declare under penalties to the best of my knowledge and belief, it is the provisions of Regulation 103 KAR 17:020 or all taxes accruing under this return.	st the name and  Social Serval income tax  s of perjury that is true, correct and owill result in result i	Social Security num  curity number Firs  //  //  //  //  //  //  //  //  //	nber of qualifying the strains and the strains are strains and the strains are strains and the strains are strains	Last name  Last name  ules must be att  ding all accompa agree that our el bintly and in each	are not clai	med as deper  Social Secur  Centucky Forn  dules and state a combined jointly and se	ndents in ity number
SECTION C—FAMILY SIZE TAX CREDIT (Lis Section B.) irst name Last name	st the name and  Social Service of perjury that is true, correct and will result in re	Social Security num  curity number Firs  //  //  //  //  //  //  //  //  //	nber of qualifying the street of qualifying th	Last name  Last name  ules must be att  ding all accompa agree that our el bintly and in each	are not clai	med as deper  Social Secur  Centucky Forn  dules and state a combined jointly and se	ndents in  ity number

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

**PAYMENTS** 



SECTION D INCOME		A.Total from <i>Attached</i> Federal Return	B. Kentucky
1 Enter all wages, salaries, tips, etc. (attach wage		00	00
and tax statements) Do not include moving expense reimbursements		00	00
2 Moving expense reimbursement (attach Schedule ME)		00	00
3 Interest		00	00
4 Dividends		00	00
5 Taxable refunds, credits or offsets of state and local income taxes		00	00
6 Alimony received		00	00
7 Business income or loss (attach federal Schedule C or C-EZ)		00	00
8 Capital gain or loss (attach federal Schedule D)		00	00
9 Other gains or losses (attach federal Form 4797)		00	00
10 (a) Federally taxable IRA distributions, pensions and annuities10(a		00	( 00)
(b) Pension income exclusion (attach Schedule P if more than \$41,110)10(b)		00	00)
11 Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E) 1		00	00
12 Farm income or loss (attach federal Schedule F)			
13 Unemployment compensation (see instructions)		00	00
14 Taxable Social Security benefits		00	00
15 Gambling winnings	5 _	00	00
16 Other income (list type and amount)			
1	6	00	00
17 Combine lines 1 through 16. This is your <b>Total Income</b> 1	7	00	00
ADJUSTMENTS TO INCOME			
18 Educator Expenses	8	00	00
19 Certain business expenses of reservists, performing artists and fee-basis government officials (attach federal Form 2106 or 2106-EZ)	9 _	00	00
20 Health savings account deduction (attach federal Form 8889) 2	o	00	00
21 Moving expenses (attach Schedule ME)	1 _	00	00
22 Deductible part of self-employment tax	2	00	00
23 Self-employed SEP, SIMPLE, and qualified plans deduction	3 _	00	00
24 Self-employed health insurance deduction	4 L	00	
25 Penalty on early withdrawal of savings	5 _	00	00
26 Alimony paid (enter recipient's name and Social Security number)			
2	6 L	00	00
27 IRA deduction	7	00	00
28 Student loan interest deduction	8	00	00
29 Tuition and fees deduction	9	00	00
30 Domestic production activities deduction	ο [	00	00
31 Long-term care insurance premiums (see instructions)	1		00
32 Health insurance premiums (see instructions)	2		00
33 Other deductions (list type and amount)			
	,	00	00
34 Add lines 18 through 33. Total Adjustments to Income	<b>~</b> [	00	00
35 Subtract line 34 from line 17. This is your <b>Adjusted Gross Income</b>	5	00	00
36 Divide line 35, Column B, by line 35, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky</b>			
Adjusted Gross Income to Federal Adjusted Gross Income	6		_ • %